

GYNECOLOGY.

UNDER THE CHARGE OF

HENRY C. COE, M.D.,
OF NEW YORK.

Results of Atmocaustis.—FUCHS (*Zentralbl. f. Gyn.*, 1906, Nr. 51, p. 1409) reports 163 cases, in none of which were any ill results noted; 88.2 per cent. of the cases were cured after resisting all other methods of treatment. In 44 in which the desired menopause followed the treatment no atresia occurred. The writer insists upon the importance of careful technique, especially the avoidance of metallic instruments. Curettement and thorough drying of the raw surface should always precede atmocaustis. In order to secure obliteration of the uterine cavity exposure for a minute at a temperature of from 115 to 120° C. is necessary, the entire endometrium being subject to the hot steam from the fundus down to a point a quarter of an inch above the level of the os internum. In a few cases the slough may not be cast off for a long time, in which case it is only necessary to tampon the uterine cavity. Fuchs believes that the main indication for vaporization is climacteric hemorrhage.

Relation of Papilloma of the Ovaries to Papillary Cysts.—GOTTSCHALK (*Zeit. f. Geb. u. Gyn.*, Band lviii, Heft 2) dissents from the prevailing view that these neoplasms are entirely different in character. He cites the case of a nullipara, aged thirty-one years, from whom he removed a cystic ovary, the surface of which was covered with papillary bodies, while similar growths were observed on the inner wall of a cyst that had developed from the stroma. Microscopically the superficial papillomas were evidently outgrowths from the surface epithelium of the ovary, and were regarded by Gottschalk as the points of origin of the papillary cyst. All the papillomatous bodies, he thinks, might also have formed cysts were it not for the resistance offered by the thickened cortex.

Associated with the diseased ovary was a gonorrheal pyosalpinx, and it was interesting to note that the superficial papillomas developed at the point where the distal end of the tube was adherent, hence they may have been due to specific infection (?).

Hernia with Torsion of the Pedicle.—DAMIANOS (*Deut. Zeit. f. Chir.*, Band lxxx, Heft 304) reports a case of hernia in a child with symptoms of strangulation. On opening the sac it was found to contain a tube and ovary with twisted pedicle. He believes that the explanation of these cases (twenty of which have been recorded) is as follows:

The ovary in the newborn infant is easily pressed into the adjacent internal ring and is followed by the tube, no symptoms resulting unless a twist of the pedicle takes place, this being due, as Payr has pointed out, to a difference in tension between the relaxed tissues of the

pedicle and its thin-walled veins, in consequence of which the latter dilate and wind around the resistant pedicle. The operation consists simply in removal of the adnexa. All the reported cases terminated successfully.

Curability of Uterine Cancer.—TAUFFER (*Gynackologia; Zentralbl. f. Gyn.*, 1906, Nr. 51, p. 1412) contends that the early recognition of uterine cancer offers the only hope of permanent cure. From a review of 172 radical operations at the Budapest clinic between 1881 and 1904, he states that 44.05 per cent. of the patients kept under observation were free from recurrence at the end of five years. In from 8 to 10 per cent. death occurred in from three to five years after operation.

Malignant Neoplasms of the Tube.—ORTHIMANN (*Zeit. f. Geb. u. Gyn.*, Band lviii, Heft 3) has collected reports of 84 cases of primary malignant disease of the tubes occurring in the course of twenty years, cancer being most frequent, next chorioepithelioma, and lastly sarcoma. He reports an interesting complication of primary cancer of the tube with malignant tuboövarian cyst. Of these 85 cases there was accompanying salpingitis in 44, which seems to support Sänger's theory of the inflammatory origin of tubal malignant disease. Secondary involvement of the tube in cancer of the uterus is exceedingly rare, the majority of the cases accompanying primary cancer of the ovary.

Observation of Fibroids by the General Practitioner.—WINTER (*Zentralbl. f. Gyn.*, 1907, Nr. 1, p. 26) calls attention to the fact that the indications for the surgical treatment of fibromyomas are furnished by the symptoms, degenerative processes, and complications. Severe pelvic pain not accompanying menstruation is indicative of some complication—in at least 10 per cent. of the cases of malignant degeneration. Vesical symptoms alone are not an indication for operation until other causes are excluded. It is especially incumbent upon the family physician to study the hearts of his patients with fibroids. Cardiac disease is rather an indication than a contra-indication for operation, though judgment must be exercised as to what risk must be taken. Winter believes that operations are indicated without symptoms in cases of subserous fibromyomas with long, slender pedicles, with rapidly growing tumors, and when they are of large size. The responsibility resting upon the general practitioner who has a case of uterine fibroid under observation is not light.

Re-implantation of the Ovaries.—PANKOW (*Zentralbl. f. Gyn.*, 1906, No. 44, p. 1224) reviews the results of experimental and practical work in this line in America and abroad, referring particularly to Morris' successful case of homoplastic transplantation. His own 7 cases of autoplasmic and 2 of homoplastic transplantation lead him to infer that the former procedure is followed by definite results, which support the theory of internal secretion of the ovaries. The two latter experiments (in women who had been castrated two years before) were unsuccessful. Pankow makes the curious suggestion that the ovaries of newborn infants might be utilized in the homoplastic operation (!).

Vaporization of the Uterus.—SCHALLER (*Zentralbl. f. Gyn.*, 1906, Nr. 44, p. 1225) draws the following inferences from observations in a series of 26 cases: (1) Vaporization is a valuable aid to curettement in a certain number of cases. (2) It is impossible to regulate the dosage exactly because of individual peculiarities, so that unfavorable results must occur. (3) Hence vaporization should not be employed in the case of women of childbearing age, because obliteration of the uterine cavity or premature menopause may follow even a short exposure of the endometrium to superheated steam. (4) This method of treatment is absolutely contra-indicated in all cases of fibromyoma, since it is not only useless, but dangerous. (5) Exposure for six minutes to steam, even after thorough drying of the uterine cavity, often fails to produce the artificial menopause or obliteration; hence total extirpation is preferable in cases of intractable hemorrhage. (6) In some instances in which the most careful technique is adopted it is impossible to avoid partial obliteration, the leaving of portions of the mucosa, and the consequent formation of hematometra with resulting bad consequences. (7) Obliteration of the uterine cavity is nevertheless a valuable means of combating obstinate cases of uterine catarrh with accompanying pruritus when all methods of treatment have failed, providing that there is no infection present.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

EDWARD JACKSON, A.M., M.D.,

OF DENVER, COLORADO,

AND

T. B. SCHNEIDEMAN, A.M., M.D.,

PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC.

The Importance of Bacteriology in Ocular Surgery.—BACH (*Ztschr. f. Augenheilk.*, 1906, vol. x) reviews the different sources of infection in the course of operations upon the eyes, the atmosphere, the hands of the operator, the conjunctival sac and free border of the lids, the instruments, the bandages. He attaches great importance to the conjunctival sac, which can never be sterilized perfectly; the same is true of the free border of the lid. He recommends scrubbing the surrounding skin with soap and mechanical disinfection of the free border of the lids with pledgets of cotton during irrigation with sterilized water. If the patient can be brought to the hospital the day before operation, it is well to apply a bandage, but this should be removed the next morning, but not immediately before the operation. Theoretically no bandage whatever is desirable after operation; but in practice many accessory factors make some sort of bandage necessary. Under the bandage, moreover, the tears continue to circulate within the conjunctival sac, contrary to what seems to be generally believed.